



**DIGITAL PANORAMIC REFERRAL DETAILS**

Digital Panoramic:

With TMJ

Without TMJ

**CBCT EXAMINATION REFERRAL DETAILS**

Full Arch  Maxilla  Mandible

Small volume (please use the tooth diagram)

Imaging stent supplied by referring dentists YES / NO

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Imaging stent required YES / NO

(If no teeth are selected, the whole jaw will be scanned)

**PATIENT DETAILS**

Full Name  Title  D/O/B

Address

Possibility of pregnancy  YES  NO

Phone (H)  Phone (W)  Email

**MEDICAL HISTORY**

Radiographs enclosed  YES  NO

**REFERRING DENTIST'S DETAILS**

Referring Practitioner  Date

Address

Phone  Fax  Email

**PURPOSE & PROPOSED COURSE OF TREATMENT (MANDATORY)**

ENDO  IMPLANT  PERIO  Post op/Low dose  Other/Specify

Patient to pay  Account to referrer

Referring Dentist Signature  Date

Please post or fax this form to us. Alternatively you can use the online form on our website.

**IRMER 2000 Regulations:** We do not routinely report on scans or radiographs. To comply with the IRMER 2000 Regulations all radiographs and scans are required to be reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. We can arrange for a report to be prepared by a Consultant Radiologist if this is requested by you.

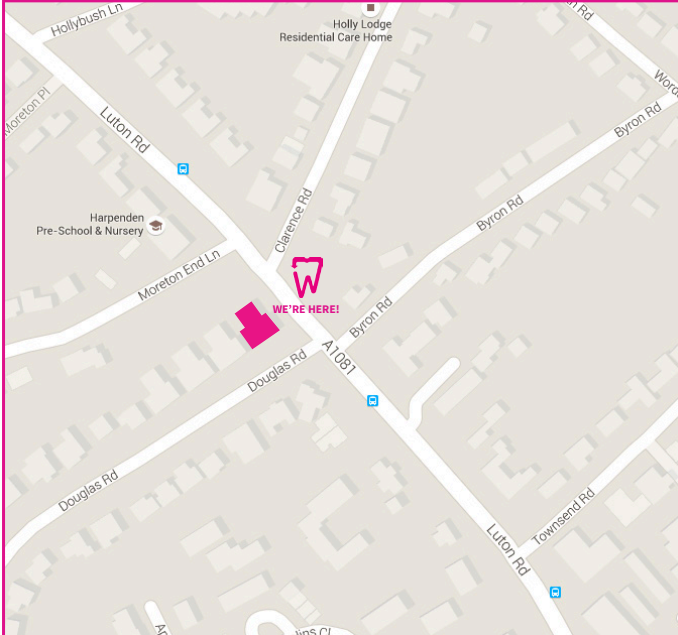
I have added my patient's medical history in the notes above for this radiographic examination to be reported upon by a Consultant Radiologist

I will make my own reporting arrangements



# Wayside Dental Practice

## CONTACT US



### OPENING TIMES:

Monday	<b>9.00am - 6.00pm</b>
Tuesday	<b>9.00am - 6.00pm</b>
Wednesday	<b>9.00am - 6.00pm</b>
Thursday	<b>9.00am - 6.00pm</b>
Friday	<b>9.00am - 6.00pm</b>
Saturday	<b>9.00am - 1.00pm</b>
Sunday	<b>Closed</b>

**t.** 01582 712 470

**w.** [www.waysidedental.co.uk](http://www.waysidedental.co.uk)

**e.** [practicemanager@waysidedental.co.uk](mailto:practicemanager@waysidedental.co.uk)

**a.** 2 Douglas Road | Harpenden | AL5 2EW

### Standard Terms & Conditions

By referring a patient, the referring practitioner agrees to the terms of our Service Agreement. Our imaging service is to assist professionals in diagnosis and treatment planning. We are not providing and are not responsible for providing any interpretation of images or a clinical service. Any radiologist reports that are ordered are the responsibility of the radiologist, not us. We are not responsible and will not accept any liability for incorrect or incomplete information on the referral form. Patients who are self paying must settle their accounts on the day of the imaging appointment.